

Blueprint Solutions - BLPS - Request for CHC service

Complete Section 1 • Submit Form To: physicianinfo@changehealthcare.com

Section 1: Submitter Information			
Practice Name:			
Address:		Already have a Change Healthcare account	
Federal Tax ID:	Number of Locations:		
Primary Contact:	Email:	Phone:	
Technical Contact:	Email:	Phone:	
Enrollment Contact:	Email:	Phone:	
Section 2: Vendor Contact			
Name: Jessica Maynez		Email: support@blueprintsolutions.us	Phone: 877-686-8410
Section 3: Product Services			
<input type="checkbox"/> Portal Services			
<input type="checkbox"/> Provider Complete Professional Claim			
<input type="checkbox"/> Provider Complete Electronic Remittance Advise (ERA)			
<input type="checkbox"/> Provider Complete Eligibility/Response			
<input type="checkbox"/> Provider Complete Enrollment Model			
Section 4: Change Healthcare Internal Use Only			
Billing			
Covered Transactions	Monthly Volume	PFPM Pricing^{1,2,3}	Overage Rate
Electronic Medical Claims Electronic Remittance Advice Real-Time Transactions	Up to 150 Claims per Month	\$50.00 PFPM	\$0.30 per Transaction
<ol style="list-style-type: none"> 1. Print to Paper Claims will be billed separately @ \$0.29 per claim. 2. Applicable payer pass through fees, if any, shall be charged in addition to the foregoing fees. 3. Pricing includes Participating and Non-Participating Transactions and access to Revenue Performance Advisor 			